FELLOWSHIP

TRAINING ORGANISATIONS

STANDARDS
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Introduction

The Australian College of Rural and Remote Medicine (ACRRM) is a professional College accredited by the Australian Medical Council to define standards and deliver training in the medical speciality of general practice.

ACRRM has a broader definition of general practice that reflects the needs of rural and remote communities in Australia.

General Practice definition

The general practitioner is the doctor with core responsibility for providing comprehensive and continuing medical care to individuals, families and the broader community. Competent to provide the greater part of medical care, the general practitioner can deliver services in the ambulatory care setting, the home, hospital, long-term residential care facilities or by electronic means - wherever and however services are needed by the patient.

The general practitioner applies broad knowledge and skills in: managing undifferentiated health problems across the lifespan in an un-referred patient population; providing continuing care for individuals with chronic conditions; undertaking preventive activities such as screening, immunisation and health education; responding to emergencies; providing in-hospital care; delivering maternal and child health services; and applying a population health approach at the practice and community level. General practitioners work across a dynamic and changing primary and secondary care interface, typically developing extended competencies in one or more discrete fields of medicine, thereby ensuring community access to the range of needed services in a supportive network of colleagues and health care providers.

As the medical expert with the broadest understanding of a patient’s health in their cultural, social and family context, the general practitioner has a key role in coordinating the care pathway in partnership with the patient, including making decisions on the involvement of other health personnel. He or she practises reflectively, accessing and judiciously applying best evidence to ensure that the patient obtains benefit while minimising risk, intrusion and expense. The general practitioner contributes clinical leadership within a health care team and is skilled in providing clinical supervision, teaching and mentorship.

Training standards

The clinical scope, practises and values that characterise the ACRRM vision for general practice are outlined in the curricula, training policies, supervisor and teaching post standards and assessment standards that are set and maintained by ACRRM.

General practitioners who achieve these standards are recognised through the award of Fellowship of ACRRM (FACRRM). Fellows of ACRRM receive specialist registration as a general practitioner with the Australian Health Practitioners Regulation Agency (AHPRA) and are able to practise in any location throughout Australia.
Training pathways

ACRRM offers three training pathways that can lead to Fellowship of ACRRM and specialist registration as a general practitioner. All pathways are accredited through the Australian Medical Council (AMC) and are recognised in reciprocal arrangements with other international medical colleges.

The pathways are the:
1. Vocational Preparation Pathway delivered through the Australian General Practice Training (AGPT) program, see: http://www.agpt.com.au/

Training organisations

The term training organisation is used to describe the organisation that delivers the training program. This is either ACRRM on the Independent Pathway, RVTS or Regional Training Organisations on the AGPT pathway.

Training organisations deliver education and training on behalf of ACRRM. Training organisations must deliver ACRRM vocational training according to the ACRRM Standards for Training Organisations contained in this document.

Training organisations standards

The ACRRM Standards for Training Organisations 2016 use the Standards for Assessment and Accreditation of Specialist Medical Education Programs and Professional Development Programs by the Australian Medical Council 2015 that are relevant to training delivery and supplement these with other standards to provide specificity and ensure relevancy to the context of ACRRM vocational training.

The standards are divided into four main sections:
1. Training and education systems
2. Information, records and reporting
3. Education delivery
4. Training posts and supervisors.

Under each section there are subsections and a set of standards for each. In general the standards alone are specific enough without requiring further information. In some subsections mandatory indicators are included to provide additional guidance.

The ACRRM Standards for Training Organisations 2016 replace the ACRRM Standards for Regional Training Recognition. It is anticipated that the revision of the standards will have little material impact. The revised standards have a new structure, updating to reflect changes in training policies and the provision additional information for clarification of requirements.

The ACRRM Standards for Training Organisations 2016 come into effect on 1 January 2017 and training organisations will have until 31 December 2017 to fully comply. The standards will be reviewed every three years or more frequently if required.
Training organisation accreditation

Training organisations are required to be accredited by ACRRM in order to deliver ACRRM training. The accreditation process involves a three yearly review process or more frequently if required. At the conclusion of a review an accreditation outcome is determined by the College. Training organisations that have not fully met all the standards and indicators must continue to work to achieve these standards and the College monitors progress. Persistent failure to meet standards may result in removal of accreditation.

Training organisations on the AGPT and RVTS pathways also deliver training for the Royal Australian College of General Practitioners (RACGP). Therefore, to reduce duplication ACRRM collaborates with the RACGP to undertake a single accreditation review process that allows the assessment of training organisations against the two individual college standards. The Bi-College Accreditation process utilises a single accreditation framework to facilitate this combined review process.

The ACRRM standards for training organisations and the Bi-College Accreditation Framework use a consistent structure and set of criteria. The ACRRM standards apply specifically to ACRRM training and include additional standards and indicators specific to ACRRM vocational training.

Training organisation reporting

ACRRM and training organisations share information on registrar training and post accreditation. The training organisation reporting requirements for registrars and teaching posts are provided in appendix 1.

ACRRM requires a brief annual report from training organisations; in order to develop its own annual reporting requirements to the AMC. The requirements for the annual report are provided in appendix 2.
ACRRM Standards for Training Organisations

1. Training and education systems

1.1 Educational Governance

1.1.1 The training organisation has a defined education purpose encompassing development and delivery of the three stages of training (Core Clinical, Primary Rural and Remote and Advanced Specialised Training) leading to the Fellowship of ACRRM.

1.1.2 The educational purpose addresses Aboriginal and Torres Strait Islander peoples of Australia and their health.

1.1.3 The training organisation’s educational governance structures are appropriate for the delivery of the ACRRM vocational training program.

1.1.4 The training organisation has developed and follows procedures for identifying, managing and recording conflicts of interest in its training and education functions, educational governance and decision-making.

1.1.5 The training organisation delivers the ACRRM vocational training program according to ACRRM standards. Training organisations seeking to include additional mandatory requirements for ACRRM registrars must demonstrate to ACRRM prospectively that these requirements support and will not adversely affect ACRRM training.

1.1.6 The training organisation’s educational governance structures set out the composition, terms of reference, delegations and reporting relationships of each entity that contributes to governance, and allow all relevant groups to be represented in decision-making.

1.1.7 The training organisation has formal processes and structures that facilitate and support the involvement of ACRRM registrars in the governance of their training.

1.1.8 The training organisation collaborates with the College and other relevant groups on key issues relating to its purpose, training and education functions, and educational governance.

Mandatory indicators include:

1.1.a Incorporation of the goal of training towards rural and remote medicine in setting corporate direction.

1.1.b Evidence of engagement with Fellows of ACRRM within the region in the setting of corporate direction.

1.1.c ACRRM training outcomes are reported to, and monitored by, the training organisation governance body.

1.1.d Evidence of the promotion of, and support for, training in general practice in a rural and remote setting in strategic planning and positioning.
1.2 Organisational structures

1.2.1 The training organisation has a structure which shows the responsibility, authority and capacity to direct the following key functions for ACRRM vocational training across the training region with respect to:
- Education delivery
- Teaching post and supervisor accreditation,
- Providing registrars and supervisors with guidance, information and support
- Monitoring completion of training requirements
- Setting relevant policies and procedures

Mandatory indicators include:

1.2.a ACRRM is advised when there are significant changes to operational structures or changes in key staff that may affect the capacity to deliver ACRRM training.

1.2.b ACRRM is notified when key points of contact with the college change.

1.3 Resources

1.3.1 The training organisation regularly reviews its structures, functions and resource allocation to meet changing needs and evolving best practice in training and education.

1.3.2 The training organisation has the resources and management capacity to sustain and deliver the training and education functions required for the three stages of ACRRM training.

1.3.3 The training organisation’s training and education functions for ACRRM training are supported by sufficient, competent and qualified medical, administrative and technical staff.

1.3.4 The training organisation uses educational expertise in the development, management and continuous improvement of its training and education functions.

1.3.5 The training organisation engages Fellows of ACRRM in the role modelling, design and delivery of training.

1.3.6 The training program engages with relevant non-general practice regional stakeholders in the development and delivery of training.

1.3.7 The training organisation collaborates with other relevant training organisations to review and quality assure ACRRM training program delivery.

Mandatory indicators include:

1.3.a Resources are dedicated to producing or sourcing education resources that are rurally relevant and take into account all contexts of rural practice including hospital and emergency contexts.

1.3.b The Medical Education team includes doctors who hold a Fellowship of ACRRM, ideally including those who have achieved Fellowship through a training pathway.

1.3.c Medical Educators and staff participate in the ACRRM Training Community of Practice (online forum for MEs and staff involved in ACRRM training).

1.3.d New Medical Educators and staff are orientated to ACRRM training.

1.3.e The training organisation demonstrates attendance by a Medical Educator (ME) and a staff member at a training event offered by ACRRM at least annually.
1.4 Policies and processes

1.4.1 The training organisation has current documented policies and processes relating to training and teaching posts accreditation.

1.4.2 Training organisation processes and policies recognise and uphold ACRRM policies.

1.4.3 The training organisation has incorporated principles of equity and access in its policies and procedures.

1.4.4 The training organisation has transparent and fair documented selection policies and principles that can be implemented and sustained in practice.

1.4.5 The training organisation supports recruitment and selection of registrars demonstrating a rural commitment.

1.4.6 The training organisation supports recruitment and selection of Aboriginal and Torres Strait Islanders registrars.

1.4.7 The training organisation allows for recognition of prior learning and appropriate credit towards completion of the program in compliance with the College policies.

1.4.8 The training organisation publishes transparent and fair policies and processes for the placement of registrars. Registrars are facilitated to train in posts that meet their learning needs.

1.4.9 The training organisation has readily available reconsideration, review and appeals processes that provide for impartial review of decisions related to training and education functions.

1.4.10 The training organisation has a complaints policy and procedure that is accessible and duly followed. ACRRM is consulted when disputes relating to ACRRM training become formalised as an Appeal.

1.4.11 The training organisation’s program allows for flexibility in training in accordance with the College policies. Noting that at times contractual requirements set by the funder may constrain flexibility.

Mandatory indicators include:

1.4.a Processes for ACRRM Recognition of Prior Learning, Completion of Training and post accreditation are documented, up to date and accessible.

1.4.b The training organisation has processes to track that registrars complete all ACRRM training requirements, including but not limited to the three categories or PRRT, formative miniCEX and REST.

1.4.c Formative assessment requirements set by a training organisation takes into consideration ACRRM assessments and does not duplicate requirements, for example formative miniCEX is incorporated into clinical teaching visits.

1.4.d Recognition of Prior Learning policies set by the training organisation do not conflict with the ACRRM RPL policy.

1.4.e Mandatory clinical, educational and assessment requirements enforced by the training organisation are aligned with ACRRM mandatory training requirements. When additional mandatory requirements are deemed necessary, the training organisation demonstrates to ACRRM prospectively that requirements support and will not adversely affect ACRRM training.
1.5 Stakeholder engagement

1.5.1 The training organisation seeks to maintain effective relationships with the College, health-related sectors of the government, community, and relevant organisations to promote and enhance the training and education of ACRRM registrars.

1.5.2 The training organisation has effective educational partnerships with relevant local communities, organisations and individuals in the Aboriginal and Torres Strait Islander health sector.

1.5.3 The training organisation has a proactive approach in engaging with the College to effectively and efficiently resolve real, perceived or anticipated issues in relation to the delivery of the College training program or the progression of registrars.

Mandatory indicators include:

1.5.a The training organisation can demonstrate that regular meetings are held with ACRRM at different levels of the training organisation, including governance, strategic, and delivery of training and post accreditation.

1.5.b The training organisation is proactive in advising ACRRM when changes occur that affect a registrar's training, teaching posts, the training organisation policies, or organisational structures. See appendices 1 and 2.

1.5.c The training organisation engages with the State/territory Rural Generalist Program, Rural Clinical Schools, PHNs and Hospitals in the region.

1.6 Regional context

1.6.1 The training organisation has mechanisms to analyse their regional context.

1.6.2 The training organisation demonstrates how customised and contextualised learning and assessment strategies and experiences respond to regional need, diversity and variability.

1.6.3 The training organisation has structures and systems to ensure equitable access to education and support throughout their region.

Mandatory indicators include:

1.6.a Networks of teaching posts are established in rural communities to enable registrars to meet all Primary Rural and Remote Training requirements without the need to relocate.

1.6.b Evidence of integration with regional service providers by accreditation of a variety of teaching posts relevant to the service provision in the region, for example Hospital, general practice, AMS, RFDS posts.

1.6.c The training organisation facilities access to information about pastoral support for registrars and their families living in rural or remote communities.

1.6.d The training organisation has established AST posts in disciplines where there is a community need.

1.6.e Innovation is used to expand the range of teaching posts in rural communities, for example through accreditation of rural hospitals and development of offsite and team supervision models.
1.7 Monitoring and evaluation

1.7.1 The training organisation has a dedicated review and improvement process for monitoring and evaluating the delivery of the ACRRM vocational training program.

1.7.2 Registrar, supervisor and medical educator members of ACRRM contribute to program review and development.

1.7.3 The training organisation has a process for evaluating de-identified appeals and complaints.

1.7.4 The training organisation develops criteria against which its program and graduate outcomes are evaluated.

1.7.5 The training organisation reports the results of monitoring and evaluation through its governance and administrative structures.

Mandatory indicators include:

1.7.a The training organisation monitors ACRRM training enrolments, withdrawals and completions.

1.7.b The training organisation collects and records reasons for withdrawal and seeks to address reasons that are within their influence.

1.7.c The training organisation analyses evaluation outcomes by training program and seeks to understand any differences.
2. Information, records and reporting

2.1 Training information

2.1.1 The training organisation documents its training and formative assessment requirements for the ACRRM vocational training program. Documents explaining these requirements are accessible to all staff, supervisors and registrars.

2.1.2 The training organisation provides current, timely and accurate information on the ACRRM vocational training program to prospective and current registrars.

2.1.3 The training organisation publishes mandatory requirements for training so the registrar is aware of these requirements prior to accepting a training position. The criteria and process for seeking exemption from such requirements are made clear.

2.1.4 The training organisation has effective mechanisms to inform registrars in a timely manner about the activities of its own decision-making structures and those of the College.

2.1.5 The training organisation has effective mechanisms to inform registrars, supervisors, ACRRM and other relevant stakeholders about proposed changes to requirements.

Mandatory indicators include:

2.1.a How the ACRRM vocational training program is delivered by the training organisation is made explicit/visible for registrars, supervisors, MEs and staff.

2.1.b Registrars, supervisors and MEs know where and how to obtain information on ACRRM training.

2.1.c Registrars, supervisors, MEs and staff can access information on teaching posts accredited for ACRRM training and any restrictions that apply.

2.2 Record management

2.2.1 The training organisation has up to date, secure and accurate registrar records.

2.2.2 The training organisation provides timely and correct information to registrars about their training status to facilitate their progress through training requirements.

Mandatory indicators include:

2.2.a ACRRM training terminology is used when recording training activities.

2.2.b All compulsory components of ACRRM training and assessment are recorded and monitored for compliance.

2.3 Reporting

2.3.1 The training organisation shares information on registrar training with ACRRM as agreed. See Appendix 1

2.3.2 The training organisation provides ACRRM with a written annual report each year. See Appendix 2

2.3.3 The training organisation has an agreed protocol for advising the College of serious issues concerning registrars, supervisors, teaching posts and the broader training program. See Appendix 1.

2.3.4 The training organisation informs its supervisors of the assessment performance of the registrars for whom they are responsible.

2.3.5 The training organisation has procedures to inform the College, employers and, where appropriate, the regulators, where patient safety concerns arise in training or formative assessment.
3. **Education delivery**

3.1 **Delivery against the curriculum**

3.1.1 The training organisation delivers the three stages of the ACRRM vocational training program in accordance with current College standards and curricula.

3.1.2 The program encourages registrars learning through a range of teaching and learning methods including, but not limited to: self directed learning; peer to peer learning; role modelling and working with interdisciplinary and interprofessional teams.

3.1.3 The learning program prepares registrars for all domains of rural practice: ambulatory and community setting, hospital setting, medical emergencies, population health approach, culturally diverse and disadvantaged groups, ethical, intellectual and professional framework and rural and remote context.

3.1.4 The learning program includes formal learning and research methodology, critical appraisal of literature, scientific data and evidence-based practice, so all registrars are research literate. The training organisation encourages registrars to participate in research.

3.1.5 The learning program builds on communication, clinical, diagnostic, management and procedural skills to enable safe patient care when working in geographic, social and professional isolation.

3.1.6 The learning program prepares the registrars to protect and advance the health and wellbeing of individuals through patient-centred and goal-orientated care.

3.1.7 The training organisation prepares registrars for the role of teacher and supervisor of students, junior medical staff, trainees and other health professionals.

3.1.8 The training organisation delivers an education program to address Aboriginal and Torres Strait Islander health, history and cultures.

3.1.9 The training organisation supports registrars to prepare for the ACRRM summative assessments.

3.1.10 The training organisation ensures registrars have access to relevant and current education resources in the clinical environment, appropriate to their context, including the information communication technology applications, required to facilitate their learning.

Mandatory indicators include:

3.1.a ACRRM registrars are provided with the opportunity to communicate with other ACRRM registrars.

3.1.b ACRRM registrars are provided with the opportunity to communicate with ACRRM Fellows for role modelling.

3.1.c Evidence of education that prepares a registrars for working in all rural contexts including hospitals, emergency, indigenous communities.
3.2 Individual learning/support

3.2.1 The training organisation facilitates customised, contextualised teaching and learning for registrars.

3.2.2 The training organisation supports registrars to plan their learning and training to meet their individual needs and the requirements of the ACRRM vocational training program.

3.2.3 The training organisation facilitates regular and timely feedback to registrars on performance to guide learning.

3.2.4 The training organisation has a program of formative assessment that enables progressive judgements to be made about registrar’s readiness to undertake summative assessments and preparedness for independent practice.

3.2.5 The formative assessment program includes ACRRM miniCEX, multisource feedback, procedural skills logbook certification and other methods that are fit for purpose and include assessment of registrar performance in the workplace.

3.2.6 The training organisation has processes for early identification of registrars who are not progressing in accordance with the outcomes of the program. The training organisation’s processes in this regard are transparent, timely, safe and confidential for registrars.

3.2.7 The training organisation advises ACRRM where registrars have not responded to additional learning activities and are identified as requiring formal remediation.

Mandatory indicators include:

3.2.a Registrars are provided with adequate preparation and are assessed for readiness for rural or remote practice.

3.2.b Registrars have a training plan which prospectively plans training and assessment giving consideration to training requirements, suitable timing and environments for assessment and time available to complete requirements.

3.2.c Formative assessments including miniCEX and supervisor reports take place in the range of contexts where registrars train including hospital and the different types of community primary care facilities.

3.3 Registrar well being

3.3.1 The training organisation collaborates with other stakeholders to identify and support registrars who are experiencing personal and/or professional difficulties that may affect their training. It publishes information on the services available.

3.3.2 The training organisation promotes strategies to enable a supportive learning environment.

3.3.3 The training organisation supports registrars in addressing problems with training, supervision, requirements, and other professional issues.

3.3.4 The training organisation has clear impartial pathways for timely resolution of professional and/or training-related disputes between registrars and supervisors or registrars and the training organisation.

3.3.5 The training organisation maintains effective contact with registrars throughout their placements in all stages of training.

3.3.6 The training organisation ensures registrars and teaching posts are aware of relevant employment terms and conditions, and program requirements.

3.3.7 The training organisation ensures registrars have an adequate but not excessive patient and non-patient workload.
4. Teaching posts and supervisors

4.1 Management of supervisor and teaching post services

4.1.1 The training organisation manages the recruitment, assessment and monitoring of supervisor and teaching post accreditation services in accordance with ACRRM standards and requirements.

4.1.2 The training organisation nominates supervisors and posts that have demonstrated meeting the standards to ACRRM for accreditation.

Mandatory indicators include:

4.1.a Primary Rural and Remote Training post accreditation:

- Accreditation services for Primary Rural and Remote Training are conducted in accordance the Standards for Supervisors and Teaching Posts in Primary Rural and Remote Training using forms and processes developed by the training organisation and approved by ACRRM. ACRRM approval is sought when material changes are made to these forms and/or processes.

- ACRRM is provided with a recommendation for Primary Rural Remote Training teaching post and/or supervisor accreditation or reaccreditation using the Recommendation Form provided by ACRRM. Supporting evidence is not routinely required to be submitted with the recommendation.

- The training organisation assists ACRRM to undertake a teaching post records audit on up to 10% of all accreditations or reaccreditations undertaken in any given year. The audit is to demonstrate that evidence to support the standards is collected and stored.

4.1.b Advanced Specialised Training post accreditation and Core Clinical Training (where posts are not accredited by Post Graduate Medical Board or equivalent):

- Accreditation services for Advanced Specialised Training and Core Clinical Training are conducted in accordance standards for supervisors and teaching posts for these stages of training using forms and process developed by ACRRM.

- ACRRM is provided with a completed ACRRM application form. Supporting evidence to demonstrate supervisors meet the standards is submitted.

- In assessing new Advanced Specialised Training or Core Clinical Training teaching posts for accreditation, the training organisation must:
  - initially nominate the post for provisional accreditation
  - receive feedback from the registrar and the supervisor early in first placement (maximum 6 months)
  - when satisfied that the post meets the relevant standards, nominate the post for full accreditation.

4.1.c Accreditation of posts all stages:

- Teaching posts for all stages of training are accredited by ACRRM and recorded in the ACRRM Accreditation Register prior to a registrar training in the post.

- The training organisation gains ACRRM approval for offsite supervision models prior to a registrar commencing in the post.

- ACRRM is advised of changes to accreditation status of teaching posts, or supervisor.

- ACRRM involvement, advice and assistance is sought as required and if post accreditation is likely to be contentious.
4.1.d Evaluation of all accredited posts includes key interested stakeholders and must include:

- regular feedback from the supervisor and the registrar
- a visit by an employee or contractor from the training organisation within 12 months of initial accreditation and then within each three year period
- a visit by an employee or contractor from the Training Organisation may be conducted but is not mandated for Advanced Specialised Training posts accredited for specialist training in that discipline.

4.2 Systems, policies and procedures

4.2.1 The training organisation has a transparent and consistent process to assess and monitor teaching posts and supervisors against the relevant ACRRM standards for supervisors and teaching posts.

4.2.2 The training organisation has processes to respond to supervisors or teaching posts who are not meeting the standards.

4.2.3 The training organisation has written agreements in place with teaching posts that clearly detail mutual obligations during the training process.

4.2.4 The training organisation selects supervisors who have demonstrated appropriate capability for this role. It facilitates the training, support and professional development of supervisors.

4.2.5 The training organisation supports the accreditation of posts in diverse settings aligned to ACRRM Primary and AST curricula requirements, including primary and secondary care, and settings that provide experience of the provisions of health care to Aboriginal and Torres Strait Islander peoples.

4.2.6 The training organisation seeks to identify and accredit posts where doctors can maintain and continue to develop procedural skills such as, but not limited to, anaesthetics and O&G.

4.3 Monitoring and evaluation

4.3.1 The training organisation routinely evaluates supervisor and teaching post effectiveness including feedback from registrars.

4.3.2 The training organisation ensures an adequate number and range of teaching posts are currently available for each stage of training and processes in place for determining and achieving future needs.

4.4 Records

4.4.1 The training organisation maintains accurate, up to date records of teaching posts and supervisors that are available to the Colleges on request.

4.4.2 The training organisation clearly documents the type of accreditation that a specific teaching post holds and any restrictions that apply. This information is available to all staff, registrars and supervisors.

4.4.3 The training organisation collects and stores evidence to support teaching posts and supervisor compliance with the College standards.
Appendix 1 - Training Organisation and College data exchange requirements

This table summarises the data exchange between Training Organisations and the College. The reporting was established in 2017 with the implementation of the Training Organisation Standards 2016 – revised December 2019.

### Registrar information

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>What</th>
<th>Frequency</th>
<th>When</th>
<th>How</th>
</tr>
</thead>
</table>
| ACRRM          | List of ACRRM registrars  
• Assessment progression  
• Online modules completed  
• Procedures certified in Procedural Skill Logbook | Monthly | Beginning of month | Email with attached spreadsheet |
| Training Organisation | Training Plan | Annually | March | Email training@acrrm.org.au |
|                 | AGPT RIDE Report | Six monthly | March and September | |
|                 | Completed miniCEX's | | | |
|                 | Completed Supervisor reports | | | |
|                 | Other documents supporting Completion of Training | | | |
| Completion of Training | | | When all requirements are completed and evidenced | COT form |
| RPL             | When relevant | Early in training | | RPL form |
| Reasonable adjustments | | | Where a registrar has applied for reasonable adjustments under the AGPT Training Access policy | Email training@acrrm.org.au |
| Transfer to another TO | | | When approved | At regular meeting or via email if urgent |
| Progression     | | | When there are concerns | |
| Performance     | | | | |
| Personal or professional conduct | | | | |
| Withdrawal      | | | When being considered by registrar or TO | |
| Serious issues  | | | When become aware | Serious issues report DOT@acrrm.org.au |
| Remediation     | | | When | Remediation |
### Extensions to training

- **As required in AGTP Extension of Training Time policy**
- **Extension AGPT application form**

### Changes to registration

- **When become aware**
- **Email training@acrm.org.au**

### Complaints

- **When complaints or disputes are unresolved**
- **Email training@acrm.org.au**

### Appeals

- **When received**
- **Email training@acrm.org.au**

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### Post accreditation

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>What</th>
<th>Frequency</th>
<th>When</th>
<th>How</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACRRM</strong></td>
<td>List of all accredited training posts and supervisors with accreditation dates and contact details</td>
<td>Six monthly</td>
<td>RTO specific as advised</td>
<td>Email with attached spreadsheet</td>
</tr>
<tr>
<td></td>
<td>List of posts due accreditation in the next 6 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>List of posts overdue accreditation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>List of accredited posts included in the record audit</td>
<td>Annually</td>
<td>RTO specific as advised</td>
<td>Email with instructions</td>
</tr>
<tr>
<td><strong>Training Organisation</strong></td>
<td>Accreditation/ reaccreditation of Training posts and supervisors</td>
<td>Ongoing</td>
<td>Prior to confirming accreditation</td>
<td>Online recommendation form</td>
</tr>
<tr>
<td></td>
<td>Offsite supervision models</td>
<td>When relevant</td>
<td>Prior to registrar commencing work in post</td>
<td>Offsite supervisor form</td>
</tr>
<tr>
<td></td>
<td>Complaints</td>
<td>When complaints or disputes are unresolved</td>
<td>Email postaccreditation @acrm.org.au</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Withdrawal or suspension</td>
<td>When occurs</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Changes to registration of supervisor</td>
<td>When become aware</td>
<td></td>
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<tr>
<td></td>
<td>Serious issues</td>
<td>When become aware</td>
<td></td>
<td>Serious issues form <a href="mailto:DOT@acrm.org.au">DOT@acrm.org.au</a></td>
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<td>Return the list of all accredited posts and supervisors with a mark-up of any</td>
<td>Six monthly</td>
<td>RTO specific as advised</td>
<td>Email postaccreditation @acrm.org.au</td>
</tr>
<tr>
<td>discrepancies that require resolution</td>
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<td>Evidence to support the accreditation recommendation for posts included in the audit</td>
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## Annual report

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<tr>
<th>Responsibility</th>
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<th>Frequency</th>
<th>When</th>
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<td>Training Organisation</td>
<td>• Significant changes either made or planned that relate to: o Training and education systems o Information, records and reporting o Education delivery o Teaching posts and supervisors • Statistics relating to registrars and posts • Training Trends</td>
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<td>30 January</td>
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**Appendix 2 - Glossary of terms**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ACRRM</td>
<td>Australian College of Rural and Remote Medicine</td>
</tr>
<tr>
<td>AGPT</td>
<td>Australian General Practice Training</td>
</tr>
<tr>
<td>AHPRA</td>
<td>Australian Health Practitioners Regulation Agency</td>
</tr>
<tr>
<td>ALS</td>
<td>Advanced Life Support</td>
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<tr>
<td>AMC</td>
<td>Australian Medical Council</td>
</tr>
<tr>
<td>AMS</td>
<td>Aboriginal Medical Service</td>
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<tr>
<td>AST</td>
<td>Advanced Specialised Training</td>
</tr>
<tr>
<td>CCT</td>
<td>Core Clinical Training</td>
</tr>
<tr>
<td>CPD</td>
<td>Continuing Professional Development</td>
</tr>
<tr>
<td>CBD</td>
<td>Cased Based Discussion</td>
</tr>
<tr>
<td>COT</td>
<td>Completion of Training</td>
</tr>
<tr>
<td>CPMC</td>
<td>Committee of Presidents of Medical Colleges</td>
</tr>
<tr>
<td>CRM</td>
<td>Customer Relationship Management (system)</td>
</tr>
<tr>
<td>DOHA</td>
<td>Department of Health &amp; Aging</td>
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<tr>
<td>FACRRM</td>
<td>Fellowship of Australian College of Rural and Remote Medicine</td>
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<tr>
<td>FARGP</td>
<td>Fellowship Australian Rural General Practice</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner</td>
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<tr>
<td>GPRA</td>
<td>General Practice Registrars Association</td>
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<tr>
<td>GPSA</td>
<td>General Practice Supervisors Association</td>
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<tr>
<td>IMG</td>
<td>International Medical Graduate</td>
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<td>IP</td>
<td>Independent Pathway</td>
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<td>JCCA</td>
<td>Joint Consultative Committee on Anaesthetics</td>
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<td>JFPP</td>
<td>John Flynn Placement Program</td>
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<td>MCQ</td>
<td>Multiple Choice Question</td>
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<td>ME</td>
<td>Medical Educator</td>
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<td>MiniCEX</td>
<td>Mini Clinical Evaluation Exercise</td>
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<td>MSF</td>
<td>Multi Source Feedback</td>
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<td>OSCE</td>
<td>Observed Structured Clinical Examination</td>
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<td>PDP</td>
<td>Professional Development Program</td>
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<td>PESCI</td>
<td>Pre-Employment Structured Clinical Interview</td>
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<td>Primary Health Network</td>
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<td>Primary Rural and Remote Training</td>
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<td>Royal Australian College of General Practitioners</td>
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<td>Rural Emergency Skills Training</td>
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<td>Rural Doctors Association of Australia</td>
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<td>RFDS</td>
<td>Royal Flying Doctors Service</td>
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<td>RNZCGP</td>
<td>Royal New Zealand College of General Practitioners</td>
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<td>RPL</td>
<td>Recognition of Prior Learning</td>
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<td>RRMEO</td>
<td>Rural and Remote Medical Education Online</td>
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<td>RTO</td>
<td>Regional Training Organisation</td>
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<td>RVTS</td>
<td>Remote Vocational Training Scheme</td>
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<td>StAMPS</td>
<td>Structured Assessment using Multiple Patient Scenarios</td>
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<td>VPP</td>
<td>Vocational Preparation Pathway</td>
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<td>VR</td>
<td>Vocational Recognition</td>
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<td>WBA</td>
<td>Workplace Based Assessment</td>
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